

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

08 CRIM. 0404

UNITED STATES OF AMERICA

- v. -

JAMES CURLEY,  
a/k/a "Jim Harris"

Defendant.

**SEALED**  
**INDICTMENT**

08 Cr.

**COUNT ONE**

The Grand Jury charges:

1. From in or about August 2006 through in or about October 2006, in the Southern District of New York and elsewhere, JAMES CURLEY, a/k/a "Jim Harris," the defendant, unlawfully, wilfully and knowingly traveled in interstate commerce, with the intent to kill, injure, harass, and place under surveillance with the intent to kill, injure, harass and intimidate another person, and in the course of and as a result of such travel placed that person in reasonable fear of death and serious bodily injury to that person and caused substantial emotional distress to that person, to wit, JAMES CURLEY, a/k/a "Jim Harris," traveled from Rockland County, New York to New Jersey with the intent to harass and place under surveillance a Victim ("Victim"), and as a result of such travel caused serious emotional distress to the Victim.

(Title 18, United States Code, Section 2261A(1).)

000101

COUNT TWO

The Grand Jury further charges:

2. From in or about August 2006 through in or about October 2006, in the Southern District of New York and elsewhere, JAMES CURLEY, a/k/a "Jim Harris," the defendant, with the intent to kill, injure, harass and place under surveillance with the intent to kill, injure, harass and intimidate and cause substantial emotional distress to a person in another state, unlawfully, wilfully and knowingly used an interactive computer service and a facility of interstate commerce to engage in a course of conduct that caused substantial emotional distress to that person and placed that person in reasonable fear of the death of and serious bodily injury to that person, to wit, JAMES CURLEY, a/k/a "Jim Harris," used a computer to access global positioning system ("GPS") data for a GPS device that had been placed on the Victim's car and used that GPS data to follow the Victim in New York and New Jersey and place the Victim in fear of serious bodily injury by attempting to force the Victim's car to stop on a road and by stalking the Victim in New Jersey.

(Title 18, United States Code, Sections 2261A(2)(A) & 2.)

COUNT THREE

The Grand Jury further charges:

3. On or about October 9, 2006, in the Southern District of New York and elsewhere, JAMES CURLEY, a/k/a "Jim Harris," the defendant, unlawfully, wilfully and knowingly traveled in interstate and foreign commerce, with the intent to engage in conduct that violates the portion of a protection order that prohibits or provides protection against violence, threats, and harassment against, contact and communications with, and physical proximity to, another person, and that would violate such a portion of a protection order in the jurisdiction in which the order was

000102

issued, and subsequently engaged in such conduct, to wit, JAMES CURLEY, a/k/a "Jim Harris," the defendant, traveled from Rockland County, New York, to New Jersey with the intent to stalk, harass, menace, recklessly endanger and intimidate, and did violate a Rockland County Family Court Order of Protection by traveling from Rockland County, New York to New Jersey in order to stalk, harass and intimidate the Victim in New Jersey.

(Title 18, United States Code, Section 2262(a)(1).)

Bligh J. Scorn  
FOREPERSON

Michael J. Garcia  
MICHAEL J. GARCIA  
United States Attorney



United States Attorney  
Southern District of New York

United States District Courthouse  
300 Quarropas Street  
White Plains, New York 10601

June 20, 2008

**BY HAND**

Michael Burke, Esq.  
Burke, Miele & Golden  
100 Washington Avenue  
P.O. Box 397  
Suffern, NY 10901

Re: United States v. James Curley,  
08 Cr. 404 (SCR)

Dear Counsel:


Pursuant to our continuing obligations under Fed. R. Crim. P. 16, I am enclosing:

- (1) January 25, 2008 Prisoner Inventory List (1 page);
- (2) January 25, 2008 Evidence Record (3 pages);
- (3) January 25, 2008 Personal Property Record (2 pages); and
- (4) January 25, 2008 Motor Vehicle Impound Report (1 page).

If you wish to inspect the originals of any of the documents listed above or the items listed in any of those documents, please let us know and we will make arrangements for you to do so.

Very truly yours,

MICHAEL J. GARCIA  
United States Attorney  
Southern District of New York

By:   
John P. Collins, Jr.  
Assistant United States Attorney  
(914) 993-1919

*Enclosures*

000104

## Ramsey Police Department Prisoner Inventory List

### Prisoner Information

First Name: James Last Name: Curley Middle Initial: P  
Date: 1/25/08 Time: 2010 Cad #: 08-894

### Items Removed & Returned

Cash: \$103.51 Prisoner Initials: X J.C.

Jewelry: \_\_\_\_\_

Prisoner Initials: X J.C.

Shoes: ☒ Belt: ☒ Tobacco: \_\_\_\_\_ Wallet: ☒ Pocketbook/Purse: \_\_\_\_\_ Keys: ☒  
Pager: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Shirt/Sweater: \_\_\_\_\_ Jacket/Coat: ☒ Miscellaneous: \_\_\_\_\_

MISC PAPERWORK, ROOM KEY

The above listed items were removed from: X James Curley

The above listed items were removed by: Det. Huth #119

The above listed items were returned to: X Turned over to B.C.J.

The above listed items were returned by: Pat B. B.

### Prisoners Condition

Normal: ☒ Injured or Ill: \_\_\_\_\_ Had Been Drinking: \_\_\_\_\_ Intoxicated: \_\_\_\_\_

### Prisoner Search

Prisoner Searched By: Palm. Rothenberger ID #: 147

Narcotics Found: \_\_\_\_\_ If Yes, List Narcotics: \_\_\_\_\_

Weapons or Contraband Found: \_\_\_\_\_ If Yes, List Weapons or Contraband: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

12/2003

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DATE 1/25/2008 Ramsey, New Jersey  
Evidence Record

CDR # W-2008-26 27-0246

C.A.D. # 08-849 Arrest YES ☒ NO ☐ ADULT ☐ JUVENILE ☐

D - DEFENDANT V - VICTIM S - SUSPECT F - FINDER OTHER

☒ D JAMES CURLEY

Evidence YES ☒ NO ☐ Domestic YES ☐ NO ☒ Bio / Sharps Hazard YES ☒ NO ☐

Finders Address & Phone # Det. BRIAN MUTH 119

Location of Crime/Incident Rt 17 SOUTH Type of Crime/Incident REC. STOLEN PROP.

| Item # | Item Description                        | Property Location |
|--------|---|-------------------|
| 1      | 4 SPEED LOADERS & 1 PRIMERS (Box)       |                   |
| 2      | 2 BOXES OF TRIPLE SEVEN PRIMERS         |                   |
|        | 10 RDS. OFF HORNADY .50 CAL SPEED SABOT |                   |
|        | 1 FLEX PRIMING PALM SAWER               |                   |
|        | 2 BOX OF WINCHESTER PRIMERS             |                   |
|        | 1 ANTI-SQUEE STICK                      |                   |
|        | 1 BLACK HEAD MASK                       |                   |
|        | 1 BUCK KNIFE IN SHEATH                  |                   |
|        | 1 OUTDOOR EDGE SHEATH w/o KNIFE         |                   |
|        | 4 GAMO POWER PELLETS CONTAINERS         |                   |

Signature of Investigating Officer: Det. Dan J. Hunk 119

| Item # | Removed To: | By: | Date: |
|--------|-------------|-----|-------|
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I DO HEREBY SWEAR THAT I AM THE RIGHTFUL OWNER, OR AGENT FOR THE RIGHTFUL OWNER, OF THE ABOVE LISTED PROPERTY WHICH I AM RECEIVING FROM THE RAMSEY POLICE DEPARTMENT.

Owner or Agent: \_\_\_\_\_ Witness: \_\_\_\_\_

Case Disposed Y / N \_\_\_\_\_ Evidence Dispo Date \_\_\_\_\_ Auction Y / N \_\_\_\_\_

Evidence Disposition: Returned ☐ Destroyed ☐ T.O.T. \_\_\_\_\_

Final Filing Date: \_\_\_\_\_ Filed By \_\_\_\_\_

Ramsey, New Jersey

## Supplemental Property / Evidence Record

PAGE 2 OF 3

CDR # W-2008-26,27 - 0248

Date 1/25/08

D - DEFENDANT V - VICTIM

S - SUSPECT

F - FINDER

O - OTHER

0

James Curry

Item #

Item Description

Property Location

2 (cont)

BLACK POWDER 101 DVD

CYA BREAK-ACTION WARRANTY BOOK

4 TUBES OF GUN LUBE / CLEANING GEL

2 BORE BRUSHES / 1 SMALL BRUSH

5 PIECE BLACK GUN ROD

20 RDS HORNADY .50 CAL SABOT ROUNDS

1 PLASTIC BAG WITH PATCHES

3 10 LOOSE .50 SWGS / 4 LOOSE

PRIMERS / 2 LOOSE SWGS (RED TIPS)

4 22 .50 CAL LOOSE ROUNDS IN BAG

5 AMERICAN CLASSICS MODEL 1377 .177

CAL PELLETT PISTOL

6. GAMO PELLETT RIFLE w/ SCOPE / LIGHT

+ LASER AIMING DEVICE

Signature of Investigating Officer:

Det. Ben J. H. 1/27

Item #

Removed To:

By:

Date:

I DO HEREBY SWEAR THAT I AM THE RIGHTFUL OWNER, OR AGENT FOR THE RIGHTFUL OWNER, OF THE ABOVE LISTED PROPERTY WHICH I AM RECEIVING FROM THE RAMSEY POLICE DEPARTMENT.

Owner or Agent:

Witness:

Date

000107

Ramsey, New Jersey

## Supplemental Property/Evidence Record

PAGE 3 OF 3

CDR # W-2008-26,27-0246

Date 1/25/2008

D-DEFENDANT V-VICTIM S-SUSPECT P-FINDER O-OTHER

James Curran

| Item # | Item Description  | Property Location |
|--------|---|-------------------|
| 7      | WOLF .50 CAL BLACK POWDER RIFLE<br>WITH BUSHNELL SCOPE SER # 61-13-010401-0                         |                   |
| 8      | WOLF .50 CAL BLACK POWDER RIFLE<br>SER # 61-13-006680-0   |                   |
| 9      | WOLF .50 CAL BLACK POWDER RIFLE<br>SER. # 61-13-018648-06   |                   |
| 10     | CVA 208 MAGNUM BREAK-ACTION PUMP<br>Muzzle Loading Outfit Case w/<br>Accessories (NO Rifle & Scope) |                   |
| 11     | One Saboted Bullet, Sabot casing and<br>Black Powder. B2 2008 #147                                  |                   |
| 12     | Robinson Type 408-T 1/26/2008<br>14688  |                   |

Signature of Investigating Officer:

Det. B. J. H. 149

| Item # | Removed To: | By: | Date: |
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I DO HEREBY SWEAR THAT I AM THE RIGHTFUL OWNER, OR AGENT FOR THE RIGHTFUL OWNER, OF  
THE ABOVE LISTED PROPERTY WHICH I AM RECEIVING FROM THE RAMSEY POLICE DEPARTMENT.

Owner or Agent:

Witness:

Date

000108





Case 7:08-cr-00404-SCR  
 Ramsey Police Department  
 25 North Central Ave  
 Ramsey, New Jersey 07446

Document 17-6

Filed 11/06/2008

CAD# 08-849  
 Page 9 of 51

# Personal Property Record

Page 1 of 1

## Found Property

Finders Name Det. Brian Muth Finders Phone 201-327-2400  
 Address Ramsey P.O. City Ramsey State NJ  
 Owners Name Ramapo Police Owners Phone 845-357-2400  
 Address 237 Rt. 59 City Suffern State NY  
 Location Found Police HQ

## Safe Keeping of Property

### Reason For Safe Keeping

Surrender          Ambulance / 262-HELP Call          Prisoner          Other           
 Owners Name          Owners Phone           
 Address          City          State         

## Confiscated Property

Confiscated by          Shield#           
 Reason For Confiscation           
 Owners Name          Owners Phone           
 Address          City          State         

| Item # | Description Of Property                    | Property Location |
|--------|--|-------------------|
| 1.     | RAMAPO NEW YORK POLICE SHIELD #168         | HQ.               |
| 2.     | RAMAPO NEW YORK POLICE ID FOR JAMES CURLEY |                   |
| 3.     | POINT BLANK POLICE ISSUE BULLE VEST        |                   |
|        | SEE # (B) 3810047263 (FRONT PANEL)         |                   |
|        |  |                   |

Signature of Officer Det. Brian Muth Shield # 119 Date 1/25/2008  
 Owner/Agent Det./Sgt. John Lynch Officer Returning Det. Brian Muth Date 1/25/2008  
 RAMAPO POLICE DEPT. 000109



Case 7:08-cr-00404-SCR  
 Ramsey Police Department  
 25 North Central Ave  
 Ramsey, New Jersey 07446

Document 17-6

Filed 11/06/2008

CAD# 2008-994  
 Page 10 of 51

# Personal Property Record

Page 1 of 1

## Found Property

Finders Name \_\_\_\_\_ Finders Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Owners Name \_\_\_\_\_ Owners Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Location Found \_\_\_\_\_

## Safe Keeping of Property

### Reason For Safe Keeping

Surrender \_\_\_\_\_ Ambulance / 262-HELP Call \_\_\_\_\_ Prisoner X Other \_\_\_\_\_  
 Owners Name James Gentry Owners Phone 845-357-6024  
 Address 14 Maple Hill Rd City JERMAN State NY

## Confiscated Property

Confiscated by \_\_\_\_\_ Shield# \_\_\_\_\_  
 Reason For Confiscation \_\_\_\_\_  
 Owners Name \_\_\_\_\_ Owners Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

| Item # | Description Of Property                                   | Property Location |
|--------|---|-------------------|
| 1      | (2) Large Black Plastic Bags Containing Clothes (Clothes) |                   |
| 2      | (1) Golf Putter   |                   |
| 3      | (1) White Box Containing Various Mail                     |                   |
| 4      | (1) Modernic Surfboard                                    |                   |
| 5      | (3) Prescription Bottles For THE COAT                     |                   |

Signature of Officer [Signature] Shield # 147 Date 1/25/09  
 Owner/Agent \_\_\_\_\_ Officer Returning \_\_\_\_\_ Date \_\_\_\_\_

000110



# MOTOR VEHICLE IMPOUND REPORT

CAD # 2008-894 Date: 1/25/2008 Time: 1644 (24 Hr.)

## VEHICLE INFORMATION

Year: 2007 Make: CHEVY Model: MALIBU  
Color: SILVER VIN # 1G1ZT58F27F264793  
Reg. # VLW49V State: NJQ Odometer Reading: 14762

### OPERATOR:

Name: James P. Curley  
Address: 12 Rockland Terrace  
City, St. Zip: Suffern, NY 10901  
Phone: 845-553-0760

### OWNER:

☐ IS THE OPERATOR

Name: Elrac Inc  
Address: 1550 Route 23 North  
City, St. Zip: Wayne, NJ 07470  
Phone: 973-709-2499

## REASON FOR IMPOUND

- ☐ Suspended ☐ Abandoned ☐ No Responsible Person ☐ Traffic Hazard  
☐ Unregistered ☐ Criminal Use ☐ Unsafe Vehicle ☒ Stolen / Recovered  
☐ DWI (12 HR MIN HOLD) ☐ Other: \_\_\_\_\_

Location Removed From: Route 17 South Summons # \_\_\_\_\_  
Duty Tow: NAR Towing Towed To: 25 N. Central Avenue Ramsey, NJ 07446

CONTENTS: ☒ Removed by Police (see Property Sheet) ☐ Left in Vehicle (see Inventory below)  
☐ Surrendered to: ☐ Driver/Owner ☐ Passenger (Name) \_\_\_\_\_

### INVENTORY:

Officer: Ptlm. Rothenburger ID # 147 Supervisor: Sgt. McIntyre ID # 110

## RELEASE INFORMATION

☐ Vehicle Released to Operator / Owner Identified Above

☐ Insurance Verified

RELEASED TO: Name: Erik Thunell

Address: 2405 Hamburg Tpke.

City, St. Zip: Wayne NJ 07470

Phone: 973-839-2929

Releasing Officer: [Signature] ID # 130

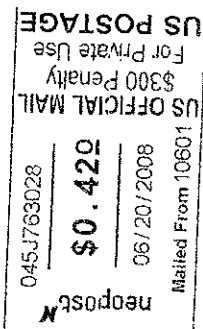
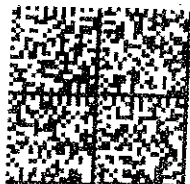
Date: 1-25-2008

### COMMENTS:

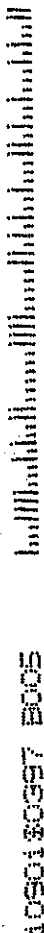
**U.S. Department of Justice**

*United States Attorney  
Southern District of New York  
United States Courthouse  
300 Quarropas Street  
White Plains, New York 10601*

**FIRST  
CLASS**



MICHAEL BURKE, ESQ.  
BURKE, MIELE & GOLDEN, LLP  
100 WASHINGTON AVENUE  
P.O. BOX 397  
SUFFERN, NY 10901



000112



United States Attorney  
Southern District of New York

United States District Courthouse  
300 Quarropas Street  
White Plains, New York 10601

June 20, 2008

**BY FACSIMILE**

Michael Burke, Esq.  
Burke, Miele & Golden  
100 Washington Avenue  
P.O. Box 397  
Suffern, NY 10901

Re: United States v. James Curley,  
08 Cr. 404 (SCR)

Dear Counsel:

In an abundance of caution given its obligations under Brady v. Maryland, 373 U.S. 83 (1963), and its progeny, the Government submits this letter to inform you that the following person may have information that is material to the guilt of your client, see Brady, 373 U.S. at 87: Edward Holland. Edward Holland is represented by Vincent Briccetti, Esq.

Very truly yours,

MICHAEL J. GARCIA  
United States Attorney

By:

  
John P. Collins, Jr.

Assistant United States Attorney  
Tel. No.: (914) 993-1919

000113



U.S. Department of Justice

United States Attorney  
Southern District of New York

United States District Courthouse  
300 Quarropas Street  
White Plains, New York 10601

June 20, 2008

**BY HAND**

Michael Burke, Esq.  
Burke, Miele & Golden  
100 Washington Avenue  
P.O. Box 397  
Suffern, NY 10901

Re: United States v. James Curley,  
08 Cr. 404 (SCR)

Dear Counsel:


Pursuant to our continuing obligations under Fed. R. Crim. P. 16, I am enclosing:

- (1) January 25, 2008 Prisoner Inventory List (1 page);
- (2) January 25, 2008 Evidence Record (3 pages);
- (3) January 25, 2008 Personal Property Record (2 pages); and
- (4) January 25, 2008 Motor Vehicle Impound Report (1 page).

If you wish to inspect the originals of any of the documents listed above or the items listed in any of those documents, please let us know and we will make arrangements for you to do so.

Very truly yours,

MICHAEL J. GARCIA  
United States Attorney  
Southern District of New York

By:   
John P. Collins, Jr.  
Assistant United States Attorney  
(914) 993-1919

*Enclosures*

000114

**Ramsey Police Department**  
**Prisoner Inventory List**

**Prisoner Information**

First Name: James Last Name: Curley Middle Initial: P  
Date: 1/25/08 Time: 2010 Cad #: 08-894

**Items Removed & Returned**

Cash: \$103.51 Prisoner Initials: X J.C.  
Jewelry: \_\_\_\_\_

Shoes: ☒ Belt: ☒ Tobacco: \_\_\_\_\_ Wallet: ☒ Prisoner Initials: X J.C.  
Pager: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Shirt/Sweater: \_\_\_\_\_ Pocketbook/Purse: \_\_\_\_\_ Keys: ☒  
Jacket/Coat: ☒ Miscellaneous: \_\_\_\_\_

Misc. Paperwork, Room Key

The above listed items were removed from: X James Curley  
The above listed items were removed by: Det. Huth #119  
The above listed items were returned to: X Turned over to B.C.J.  
The above listed items were returned by: P.R. B. Camp

**Prisoner Condition**

Normal: ☒ Injured or Ill: \_\_\_\_\_ Had Been Drinking: \_\_\_\_\_ Intoxicated: \_\_\_\_\_

**Prisoner Search**

Prisoner Searched By: Palm. Rothenberger ID #: 147

Narcotics Found: \_\_\_\_\_ If Yes, List Narcotics: \_\_\_\_\_

Weapons or Contraband Found: \_\_\_\_\_ If Yes, List Weapons or Contraband: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

12/2003 000115

PAGE 1 OF 3

Ramsay Police Department

Ramsay, New Jersey

## Evidence Record

DATE 1/25/2008

CDR # W-2008-2637-0246

C.A.D. #

08-849

Arrest YES

☒ NO

ADULT

JUVENILE

D - DEFENDANT

V - VICTIM

S - SUSPECT

F - FINDER

OTHER

D JAMES CURLEY

Evidence YES

☒ NO

Domestic YES

☐ NO

Bio / Sharps Hazard YES

☒ NO

Finders Address &amp; Phone #

Det. BRIAN MYTH 119

Location of Crime/Incident

Rt 12 SOUTH

Type of Crime/Incident

Rec. Stolen Prop.

Item #

Item Description

Property Location

1

4 SPEED LOADERS + ) PRIMERS (BOX)

2

2 BOXES OF TRIPLE SEVEN PRIMERS

10 Bds. off HORNADY 50 CAL SPEED SAAMI

1 FLEX TRIMMING PALM SAW

2 BOX OF WINCHESTER PRIMERS

1 ANTI-SIEZE STICK

1 BRAUL HEAD MASK

1 BUCK KNIFE IN SHEATH

1 OUTDOOR EDGE SMOOTH W/O KNIFE

4 GAMMO POWER PALLETS CONTAINERS

Signature of Investigative Officer

Det. Brian Myth 119

Item #

Removed To:

By:

Date:

COPY

I DO HEREBY SWEAR THAT I AM THE RIGHTFUL OWNER, OR AGENT FOR THE RIGHTFUL OWNER, OF THE ABOVE LISTED PROPERTY WHICH I AM RECEIVING FROM THE RAMSEY POLICE DEPARTMENT.

Owner or Agent:

Witness:

Case Disposed Y / N

Evidence Dispo Date

Auction Y / N

Evidence Disposition: Returned

Destroyed

T.O.T.

Final Filing Date:

Filed By

Rev. 05/2007

000116



**Ramsey Police Department**

CAD # 08-849

**Ramsey, New Jersey**

**Supplemental Property / Evidence Record**

PAGE 2 OF 3

CDR # W-2008-2627-0248

Date 11/25/08

D - DEFENDANT V - VICTIM

**3 - SUSPECT**

**F - FINDER**

0 - OTHER

0 James Conner

| Item #   | Item Description                     | Property Location |
|----------|--------------------------------------|-------------------|
| 2 (cont) | BLACK POWDER 101 DVD                 |                   |
|          | CYA BREAK-ACTION WARRANTY BOOK       |                   |
|          | 4 TUBS OF GUN LUBE/CLEANING GEL      |                   |
|          | 2 BOLT BROWNS / 1 SMALL BROWN        |                   |
|          | 5 PIECE BLACK GUN ROD                |                   |
|          | 20 ROS NORMANDY .50 CAL SABOT ROUNDS |                   |
|          | 1 PLASTIC BAG WITH PATCHES           |                   |
| 3        | 10 LOOSE .50 SWGA / 4 LOOSE          |                   |
|          | PRIMERS / 2 LOOSE SWGS (RED TIPS)    |                   |
| 4        | 22 .50 CAL LOOSE ROUNDS IN BAG       |                   |
| 5        | AMERICAN CASSIDY MODEL 1325 .12      |                   |
|          | CAL PELLE PISTOL                     |                   |
| 6        | GAMO PELLE RIFLE w/ SCOPE / LIGHT    |                   |
|          | + LASER AIMING DEVICE                |                   |

Signature of Investigating Officer:

Date: Dec 9, 44

| Item #   | Removed To: | By:      | Date: |
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|  |             |          |       |
| I DO HEREBY SWEAR THAT I AM THE RIGHTFUL OWNER, OR AGENT FOR THE RIGHTFUL OWNER, OF<br>THE ABOVE LISTED PROPERTY WHICH I AM RECEIVING FROM THE RAMSEY POLICE DEPARTMENT. |             |          |       |
| Owner or Agent:  |             | Witness: | Date: |

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Ramsey Police Department

CAD # 08- 849

Ramsey, New Jersey

## Supplemental Property / Evidence Record

PAGE 3 OF 3

CDR # W-2008-26,22-0246

Date 1/25/2008 D - DEFENDANT V - VICTIM S - SUSPECT P - FINDER O - OTHER

| 8      | James Conway  |                   |
|--------|---|-------------------|
| Item # | Item Description  | Property Location |
| 7      | WOLF .50 CAL BLACK POWDER RIFLE<br>WITH BUSHNELL SCOPE SER # 61-13-010401-02                            |                   |
| 8      | WOLF .50 CAL BLACK POWDER RIFLE<br>SER # 61-13-006680-07  |                   |
| 9      | WOLF .50 CAL BLACK POWDER RIFLE<br>SER # 61-13-018648-06  |                   |
| 10     | CVA 209 MAGNUM BREAK-ACTION PISTOL<br>MAGAZINE LOADING OUTLET CASE W/<br>ACCESSORIES (NO RIFLE & SCOPE) |                   |
| 11     | ONE SABOTED BULLET, SABOT CASUAL AND<br>BLACK POWDER. BE 2008 #147                                      |                   |
| 12     | Robinson Type 408-P<br>1/25/2008  |                   |

Signature of Investigating Officer:

Det. D. G. H. 115

| Item # | Removed To: | By: | Date: |
|--------|-------------|-----|-------|
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I DO HEREBY SWEAR THAT I AM THE RIGHTFUL OWNER, OR AGENT FOR THE RIGHTFUL OWNER, OF THE ABOVE LISTED PROPERTY WHICH I AM RECEIVING FROM THE RAMSEY POLICE DEPARTMENT.

Owner or Agent:

Witness:

Date

000118

CAD# 08-849



Ramsey Police Department  
25 North Central Ave  
Ramsey, New Jersey 07446

## Personal Property Record

Page 1 of 1

## Found Property

Finders Name Det. Brian Murphy Finders Phone 201-327-2400  
Address Ramsey P.O. City Ramsey State NJ  
Owners Name Ramato Police Owners Phone 845-357-2400  
Address 237 Rt. 59 City Surrey State NY  
Location Found Police HQ

## Safe Keeping of Property

## Reason For Safe Keeping

Surrender Ambulance / 262-HELP Call Prisoner Other  
Owners Name Owners Phone  
Address City State State

## Confiscated Property

Confiscated by Shield#  
Reason For Confiscation Owners Name Owners Phone Address City State

| Item # | Description Of Property                       | Property Location |
|--------|---|-------------------|
| 1.     | Ramato New York Police Shield #168            | HQ.               |
| 2.     | Ramato New York Police ID for James Gray      | 1                 |
| 3.     | Point Blank Police Issue Bullet VEST          |                   |
|        | See # <sup>(B)</sup> 3810047063 (Group Panel) |                   |

Signature of Officer Det. Brian Murphy Shield # 119 Date 1/25/2008  
Owner/Agent Det./Sgt. John Lynch Officer Returning Det. Brian Murphy Date 1/25/2008  
Ramato Police Dept.



Ramsey Police Department  
25 North Central Ave  
Ramsey, New Jersey 07446

# Personal Property Record

Page 1 of 1

## Found Property

Finders Name \_\_\_\_\_ Finders Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Owners Name \_\_\_\_\_ Owners Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Location Found \_\_\_\_\_

## Safe Keeping of Property

### Reason For Safe Keeping

Surrender \_\_\_\_\_ Ambulance / 262-HELP Call \_\_\_\_\_ Prisoner X Other \_\_\_\_\_  
Owners Name James Crowley Owners Phone 845-357-6244  
Address 14 Madison Hill Rd City Spartan State NY

## Confiscated Property

Confiscated by \_\_\_\_\_ Shield# \_\_\_\_\_  
Reason For Confiscation \_\_\_\_\_  
Owners Name \_\_\_\_\_ Owners Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

| Item # | Description Of Property                                  | Property Location |
|--------|--|-------------------|
| 1      | (2) Large Black Plastic Bags Containing Clothes (Gloves) |                   |
| 2      | (1) Golf Putter  |                   |
| 3      | (1) White Box Containing Various Mail                    |                   |
| 4      | (1) Mountain Surfboard                                   |                   |
| 5      | (3) Prescription Bottles for the Coast                   |                   |

Signature of Officer [Signature] Shield # 147 Date 1/25/09  
Owner/Agent \_\_\_\_\_ Officer Returning \_\_\_\_\_ Date \_\_\_\_\_



RAMSEY POLICE DEPARTMENT  
25 NORTH CENTRAL AVENUE  
RAMSEY, NEW JERSEY 07446  
201-327-2400

# MOTOR VEHICLE IMPOUND REPORT

CAD # 2008-894 Date: 1/25/2008 Time: 1644 (24 Hr.)

## VEHICLE INFORMATION

Year: 2007 Make: CHEVY Model: MALIBU  
Color: SILVER VIN # 1G1ZT58F27F264793  
Reg. # VLW49V State: NJ Odometer Reading: 14762

### OPERATOR:

Name: James P. Curley  
Address: 12 Rookland Terrace  
City, St. Zip: Suffern, NY 10901  
Phone: 845-553-0760

### OWNER:

☐ IS THE OPERATOR

Name: Elrac Inc  
Address: 1550 Route 23 North  
City, St. Zip: Wayne, NJ 07470  
Phone: 973-709-2499

## REASON FOR IMPOUND

- ☐ Suspended ☐ Abandoned ☐ No Responsible Person ☐ Traffic Hazard  
☐ Unregistered ☐ Criminal Use ☐ Unsafe Vehicle ☒ Stolen / Recovered  
☐ DWI (12 HR MIN HOLD) ☐ Other: \_\_\_\_\_

Location Removed From: Route 17 South Summons # \_\_\_\_\_  
Duty Tow: NAR Towing Towed To: 25 N. Central Avenue Ramsey, NJ 07446

CONTENTS: ☒ Removed by Police (see Property Sheet) ☐ Left in Vehicle (see Inventory below)  
☐ Surrendered to: ☐ Driver/Owner ☐ Passenger (Name) \_\_\_\_\_

### INVENTORY:

Officer: Ptln. Rothenburger ID # 147 Supervisor: Sgt. McIntyre ID # 110

## RELEASE INFORMATION

☐ Vehicle Released to Operator / Owner Identified Above

☐ Insurance Verified

RELEASED TO: Name: Erik Thunell

Address: 2405 Hamburg Tpke.

City, St. Zip: Wayne NJ 07470

Phone: 973-839-2009

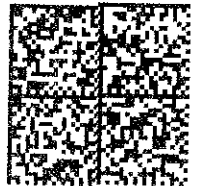
Releasing Officer: [Signature] ID # 130

Date: 1-25-2008

### COMMENTS:

**U.S. Department of Justice**  
**United States Attorney**  
**Southern District of New York**  
**United States Courthouse**  
**300 Quarropas Street**  
**White Plains, New York 10601**

**FIRST**  
**CLASS**



neopost<sup>®</sup>  
045J763028  
\$0.590  
06/20/2008  
Mailed From 10601

US OFFICIAL MAIL  
\$300 Penalty  
For Private Use  
US POSTAGE

MICHAEL BURKE, ESQ.,  
BURKE, MIELE & GOLDEN, LLP  
100 WASHINGTON AVENUE  
P.O. BOX 397  
SUFFERN, NY 10901

1090183337 1005

000122



United States Attorney  
Southern District of New York

United States District Courthouse  
300 Quarropas Street  
White Plains, New York 10601

July 7, 2008

**BY FEDERAL EXPRESS**

Michael Burke, Esq.  
Burke, Miele & Golden  
100 Washington Avenue  
P.O. Box 397  
Suffern, NY 10901

Re: United States v. James Curley,  
08 Cr. 404 (SCR)

Dear Counsel:

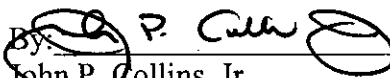
Pursuant to our continuing obligations under Fed. R. Crim. P. 16, I am enclosing:

Ramapo Police Department Reports bates stamped 1-65.

If you wish to inspect the originals of any of the documents listed above or the items listed in any of those documents, please let us know and we will make arrangements for you to do so.

Very truly yours,

MICHAEL J. GARCIA  
United States Attorney  
Southern District of New York

By:   
John P. Collins, Jr.  
Assistant United States Attorney  
(914) 993-1919

*Enclosures*

000123



|   |  |   |  |   |  |   |  |  |  |   |  |  |  |   |  |
|---|--|---|--|---|--|---|--|--|--|---|--|--|--|---|--|
| Date of Report<br>08/03/06  |  | Time of Report<br>1734  |  | Date of Occur<br>08/03/06   |  | Time of Occur<br>1734   |  | Address of Occurrence<br>#Madison Hill, Armonit N.Y.   |  | Apt. No.  |  | Sector<br>Z  |  | Beat<br>1   |  |
| Compl./Victim's Last Name, First, M.I.<br>Curley, Linda   |  |   |  |   |  |   |  | Address<br>Above   |  |   |  |  |  | Sex<br>F  |  |
| Date of Birth<br>07/23/68   |  | Age<br>38   |  | Home Telephone<br>365-8641  |  | Race<br><input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk |  | Ethnic Origin<br><input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown |  |   |  |  |  | +   |  |
| Suspect/Other Party Last Name, First, M.I.<br>Curley, James #269-0348   |  |   |  |   |  |   |  | Address<br>Above   |  |   |  |  |  | Sex<br>M  |  |
| Date of Birth<br>04/26/64   |  | Age<br>42   |  | Home Telephone<br>365-8641  |  | Race<br><input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk |  | Ethnic Origin<br><input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown |  |   |  |  |  |   |  |
| Suspect Relationship to the Complainant/Victim<br>HUSBAND   |  |   |  | Suspect Present?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  | Offense/Incident Involved:<br><input type="checkbox"/> Fel <input type="checkbox"/> Misd <input type="checkbox"/> Viol <input checked="" type="checkbox"/> Other  |  |  |  | Description (Offenses)<br>ESCORT  |  |  |  |   |  |
| Order of Protection?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |  | Violated?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    |  | Issuing Court<br>Armonit  |  | OP Registry Checked<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  | Expir. Date  |  | Complaint Report Prepared?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  | Compl. No.   |  | Report Received<br><input type="checkbox"/> Walk-in <input checked="" type="checkbox"/> Radio Run |  |
| Suspect Used/Threatened Weapons?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  |   |  | Type:   |  | Victim Injured?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  | Describe   |  | Aided No.   |  | Removed to Hospital?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  | What Hospital?  |  |
| Photos Taken?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  | Arrest Made?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  | Non Arrest Reason<br><input checked="" type="checkbox"/> No Offense Committed <input type="checkbox"/> Not at Scene <input type="checkbox"/> Warrant Requested <input type="checkbox"/> Other |  | If Arrest Made, Did Perp. Resist?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  |  |  |   |  |  |  |   |  |
| Charge(s) (List All)<br>N/A   |  |   |  |   |  |   |  |  |  | Arrest No.<br>N/A   |  |  |  |   |  |
| Family/Household Members Present? If YES, Last Name, First<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  |   |  |   |  |   |  |  |  | Date of Birth   |  | Relationship   |  |   |  |
| Domestic Incident Report Receipt Issued? If NO, Reason:<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO UPON REVIEW BY SUPERVISOR  |  |   |  |   |  |   |  |  |  | DV Notice Issued to Victim<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |  | Date<br>08/03/06   |  |   |  |
| Suspect's Actions: <input type="checkbox"/> Biting <input type="checkbox"/> Choking <input type="checkbox"/> Destroying Property <input type="checkbox"/> Forcible Restraint <input type="checkbox"/> Grabbing <input type="checkbox"/> Hair Pulling <input type="checkbox"/> Homicide <input type="checkbox"/> Injury to Child <input type="checkbox"/> Kicking <input type="checkbox"/> Putting Phones From Wall <input type="checkbox"/> Punching <input type="checkbox"/> Pushing <input type="checkbox"/> Pushing/Slamming into Walls <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Slapping <input type="checkbox"/> Threats With Weapon(s) <input type="checkbox"/> Throwing Items <input type="checkbox"/> Using Weapon(s) <input type="checkbox"/> Verbal Abuse <input type="checkbox"/> Other: |  |   |  |   |  |   |  |  |  |   |  |  |  |   |  |
| Narrative of the Incident: (include results of investigation and basis for action taken)<br>RESPONDED TO ABOVE LOCATION TO ESCORT COMPLAINANT TO HER HOME. UPON ENTRANCE TO ABOVE RESIDENCE, NO ONE WAS HOME. SEE SGT LANCIA'S SUPPLEMENT FOR FURTHER DETAILS.  |  |   |  |   |  |   |  |  |  |   |  |  |  |   |  |
| Victim's Statement of Allegations:<br>I agree with above. I am coming home especially due to my sons recent bruises on his wrist and my daughters brainwashing and complaint about Uncle Joe hitting her twice. My children need me and I intend to be here for them. I gave the computer & medications to Sgt. Lancia for safe keeping.<br>False Statements made herein are punishable as a Class A Misdemeanor, pursuant to Section 210.45 of the Penal Law.<br>Victim's Signature: Linda Curley Date:  |  |   |  |   |  |   |  |  |  |   |  |  |  |   |  |
| Other involved Agency(s)  |  |   |  |   |  |   |  |  |  |   |  |  |  |   |  |
| Is There Reasonable Cause to Suspect A Child May Be The Victim of Abuse, Neglect or Maltreatment? <input type="checkbox"/> YES <input type="checkbox"/> NO  |  |   |  |   |  |   |  |  |  | Any Guns In The House? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Any Guns Seized? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Household Member Have a Pistol Permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Permit Seized? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  |  |  |   |  |
| If Yes, Reporting Officer Must Contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.   |  |   |  |   |  |   |  |  |  | Permit No. Issuing County Name  |  |  |  |   |  |
| REFERRALS: <input type="checkbox"/> Child Protective Services <input type="checkbox"/> Licensing Bureau <input type="checkbox"/> Adult Protective Services <input type="checkbox"/> Domestic Violence Services <input type="checkbox"/> Other Outside Agency  |  |   |  |   |  |   |  |  |  | Name of Person Notified: Date: Time: Notified By:   |  |  |  |   |  |
| Reporting Officer's Signature (Include Rank)<br>P.O. John Roberts   |  |   |  |   |  |   |  |  |  | Officer I.D. No.<br>412   |  | Date<br>08/03/06   |  | 1<br>Page   |  |
| Supervisor's Signature (Include Rank)<br>Sgt. Kalle   |  |   |  |   |  |   |  |  |  | Date<br>8/3/06  |  |  |  | 9<br>Pages  |  |



|                   |                           |                                     |                       |
|-------------------|---------------------------|-------------------------------------|-----------------------|
| 5. Date<br>8/3/06 | 6. Time of Report<br>1734 | 7. Complainant Name<br>Linda Curley | 8.<br>Domestic report |
|-------------------|---------------------------|-------------------------------------|-----------------------|

As per Lt. Gravina, I accompanied Linda Curley to her residence at 14 Madison Hill Rd. She expressed a grave concern for her safety as a result of past incidents and presently an ongoing divorce that has resulted in many arguments.

PO Roberts and I entered the residence to speak with her husband, Jimmy Curley. Mr. Curley, was not home.


Linda Curley, again expressed concern for her safety. She opened a closet and removed a plastic box filled with various medications and syringes. I noted four bottles of oxycontin in her husband's name. All four bottles were several years old. They appeared to be full. When I inquired why there was so much medication, she stated, "it was for his fake injury". She further stated there is enough there to kill her and she would like it removed from the home. Since it was several years old I told her I would. I also removed some syringes and several vials of other medication, all at her request. All of the aforementioned I vouchered at RPD for safekeeping.

Linda looked in a few drawers and closets for any firearms. She stated there did not appear to be any.

Linda also requested I remove their computer. She is alleging Mr. Curley may have purchased several high priced items on her credit account using the computer. She states the account(s) is exclusively hers. She is awaiting information from the creditor. Mrs. Curley does not want any information erased from the computer that may implicate Mr. Curley in using her account(s). The computer was vouchered at RPD.

Mrs. Curley signed and was issued a receipt for all property removed from the home. The entire incident was recorded on car 423's transmitter.

[illegible]

|   |  |  |                               |  |  |  |                         |  |
|---|--|--|-------------------------------|--|--|--|-------------------------|--|
| <b>10. Inquiries (Check all that apply)</b><br><input type="checkbox"/> DMV <input type="checkbox"/> Want Warrant <input type="checkbox"/> Scofflaw<br><input type="checkbox"/> Crim. History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other   |  |  | <b>11. NYSPIN Message No.</b> |  | <b>12.</b>                                       |  | <b>82.</b>              |  |
| <b>12. Reporting Officer Signature (Include Rank)</b><br>Sgt. Lancia   |  |  | <b>14. ID No.</b><br>425      |  | <b>15. Supervisor's Signature (Include Rank)</b> |  | <b>16. ID No.</b>       |  |
| <b>17 Case Status</b> <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed (if closed, check box below) <input type="checkbox"/> Unfounded<br><input type="checkbox"/> Vict. Refused to Coop. <input type="checkbox"/> Arrest <input type="checkbox"/> Pros. Declined <input type="checkbox"/> Warrant Advised<br><input type="checkbox"/> CBI <input type="checkbox"/> Juv.-No Custody <input type="checkbox"/> Offender Dead <input type="checkbox"/> Extrad. Declin <input type="checkbox"/> Unknown |  |  |                               |  | <b>19. Status Date</b><br>8/3/06                 |  | <b>18. Notified/TOT</b> |  |

|   |                              |                                      |                             |               |
|---|------------------------------|--------------------------------------|-----------------------------|---------------|
| 1. Agency<br>Town of Ramapo Police                                  | 2. Division/Precinct<br>2/RA | Supplement To: 06-34224              | 3. Incident No.<br>06-34224 | 4. Arrest No. |
| Case 7:08-cr-00404-SCR Document 17-5 Filed 11/06/2008 Page 26 of 51 |                              |                                      |                             |               |
| 5. Date<br>8/3/06   | 6. Time of Report<br>1820    | 7. Complainant Name<br>CURLEY, LINDA |                             | 8.            |

R/O SPOKE TO COMPLAINANT WHO STATED SHE WAS CLEANING HER SON'S CRIB WHEN SHE DISCOVERED THE SHEETS WERE HEAVILY SOILED. R/O TOOK 3 PHOTOGRAPHS OF CRIB AND THEY WERE ATTACHED TO INCIDENT REPORT. R/O ALSO RETURNED COMPLAINANTS HUSBANDS EXPIRED MEDICATION TO COMPLAINANT. ITEMS WERE PHOTOGRAPHED IN STATION. R/O CONTACTED CHILD PROTECTION SERVICE ABOUT INCIDENT. LT. GRAVINA ALSO SPOKE TO CPS ABOUT INCIDENT.

|   |  |                        |   |                       |
|---|--|------------------------|---|-----------------------|
| 10. Inquiries (Check all that apply)<br><input type="checkbox"/> DMV <input type="checkbox"/> Want/Warrant <input type="checkbox"/> Scofflaw<br><input type="checkbox"/> Crim. History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other  |  | 11. NYSPIN Message No. | 12.   | 82.                   |
| 12. Reporting Officer's Signature (Include Rank)<br><i>P.O. John Robert</i>   |  | 14. ID No.<br>412      | 15. Supervisor's Signature (Include Rank)<br><i>[Signature]</i> | 18. ID No.<br>920     |
| 17. Case Status <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed (If closed, check box below) <input type="checkbox"/> Unfounded<br><input type="checkbox"/> Vict. Refused to Coop. <input type="checkbox"/> Arrest <input type="checkbox"/> Pros. Declined <input type="checkbox"/> Warrant Advised<br><input type="checkbox"/> CBI <input type="checkbox"/> Juv.-No Custody <input type="checkbox"/> Offender Dead <input type="checkbox"/> Extrad. Declin <input type="checkbox"/> Unknown |  | 19. Status Date        | 19. Notified/TOT  | Page<br>1<br>of Pages |

|                   |                           |                                     |                |
|-------------------|---------------------------|-------------------------------------|----------------|
| 5. Date<br>8/3/06 | 6. Time of Report<br>2200 | 7. Complainant Name<br>Linda Curley | 8.<br>Domestic |
|-------------------|---------------------------|-------------------------------------|----------------|



At approximately 2200 hours Jimmy Curley returned my voicemail and phoned me at the station. We spoke on RPD phone line X550.

He was advised his wife had returned home. He inquired if anything was removed from the home. I advised him some expired medications and their computer. He was okay with the medication being removed, but inquired if he may have the computer back.

He advised he will be returning from the New Jersey shore area no later than 0900 on Saturday.

At approximately 2220 hours Lt. Gravina directed me to photograph and return the medications removed earlier in the night. I photographed said medication. I gave those to PO Roberts to return to Linda Curley.

[illegible]

|   |  |  |   |  |   |                                 |  |                         |  |
|---|--|--|---|--|---|---------------------------------|--|-------------------------|--|
| <b>10. Inquiries (Check all that apply)</b><br><input type="checkbox"/> DMV <input checked="" type="checkbox"/> Want/Warrant <input type="checkbox"/> Scofflaw<br><input type="checkbox"/> Crim. History <input checked="" type="checkbox"/> Stolen Property <input type="checkbox"/> Other |  |  | <b>11. NYSPIN Message No.</b>   |  | <b>12.</b>  |                                 | <b>82.</b><br>Page <u>1</u><br>of Pages <u>1</u> |                         |  |
| <b>12. Reporting Officer Signature (Include Rank)</b><br>  |  |  | <b>14. ID No.</b><br>420  |  | <b>15. Supervisor's Signature (Include Rank)</b><br> |                                 | <b>16. ID No.</b>                                |                         |  |
| <b>17. Case Status</b> <input checked="" type="checkbox"/> Open<br><input type="checkbox"/> Vict. Refused to Coop.<br><input type="checkbox"/> CBI <input type="checkbox"/> Juv. No Custody   |  |  | <input type="checkbox"/> Closed (If closed, check box below)<br><input type="checkbox"/> Arrest <input type="checkbox"/> Pros. Declined <input type="checkbox"/> Warrant Advised<br><input type="checkbox"/> Offender Dead <input type="checkbox"/> Extrad. Declin <input type="checkbox"/> Unknown |  |   | <b>18. Status Date</b><br>2/3/6 |  | <b>19. Notified/TOT</b> |  |

8. Domestic report

**The entire message was recorded by 423's transmitter.**

of Pages

TOWN OF RAMAPO POLICE DEPARTMENT

237 Route 59  
Suffern, NY 10901

PROPERTY RECEIPT

CASE NUMBER 06-34224

DATE 8/3/06

TIME 1820

PROPERTY LISTED: 1 Dell tower  
1 power cord

THE ABOVE LISTED PROPERTY HAS BEEN SECURED BY THE TOWN OF RAMAPO POLICE DEPARTMENT:

PROPERTY RECEIVED FROM:

NAME/SIGNATURE

OFFICER'S NAME/SIGNATURE

DATE

SHIELD #

DATE

\*\*PROPERTY RETURNED TO

I HAVE RECEIVED THE PROPERTY IDENTIFIED ABOVE

SIGNATURE

DATE

TIME

OFFICER'S SIGNATURE

SHIELD #

DATE

\*\*Provide Copies Of This Receipt To Property Owner  
TORPD Form 37 (Rev. 12/97)

000129

## TOWN OF RAMAPO POLICE DEPARTMENT

237 Route 59  
Suffern, NY 10901

## PROPERTY RECEIPT

CASE NUMBER 06-34224

DATE 8/3/06

TIME 1820

## PROPERTY LISTED:

plastic case containing the following medications:

4 plastic holders containing oxycontin

1 vial of epinephrine

3 syringes

8 hypodermic needles

1 vial of lidocaine

9 vials zofran

1 vial diphenhydramine

THE ABOVE LISTED PROPERTY HAS BEEN SECURED BY THE TOWN OF RAMAPO POLICE DEPARTMENT:

## PROPERTY RECEIVED FROM:

Linda Curley

NAME/SIGNATURE

8/3/06

DATE

Sgt. Lancia

OFFICER'S NAME/SIGNATURE

425

SHIELD #

8/3/06

DATE

## \*\*PROPERTY RETURNED TO

I HAVE RECEIVED THE PROPERTY IDENTIFIED ABOVE

SIGNATURE

DATE

TIME

OFFICER'S SIGNATURE

SHIELD #

DATE

\*\*Provide Copies Of This Receipt To Property Owner  
TORPD Form 37 (Rev. 12/97)

000130

|                   |                           |                                     |                        |
|-------------------|---------------------------|-------------------------------------|------------------------|
| 5. Date<br>8/4/06 | 6. Time of Report<br>1600 | 7. Complainant Name<br>Linda Curley | 8.<br>Domestic dispute |
|-------------------|---------------------------|-------------------------------------|------------------------|

On today's date I spoke with ADA Yvonne Garbett, regarding the removal of a computer tower from 14 Madison Hill Road. I explained to ADA Garbett the following circumstances:

Linda Curley is alleging her estranged husband, James Curley, has used their mutually owned computer to make purchases in her name. Mrs. Curley is alleging these purchases have been made after they filed for divorce. She further is alleging these purchases were made on account(s) that are exclusively hers and James Curley has and never had any right to use these accounts. Mrs. Curley stated she will contact the creditor(s) and forward more details to Ramapo PD as she gets them. Mr. Curley was not present when I removed the computer tower. Mrs. Curley asked me to remove the computer for fear that her estranged husband will attempt to tamper with any evidence that may be on the computer.

ADA Garbett agreed the computer tower should be kept by Ramapo PD for evidentiary reasons. I advised her presently there is no signed charge as I am awaiting more information from the complainant, Linda Curley. Captain Brower was advised of same.

At approximately 1615 hours I returned the phone call of Atty. Paul Goldhammer (356-2570). On department voicemail he stated he is representing James Curley and he is inquiring about a computer. Mr. Goldhammer was not available, I left message with Marian Crapanzano that I was returning his call.

**Note: The computer tower is a Dell Dimension 8400 serial #FZ4ML61.**

At approximately 1645 hours Mr. Goldhammer returned my call. He inquired about the removal of the computer. He stated ADA Garbett was recently out of law school and not very knowledgeable when it comes to practicing law. He stated the police needed a warrant to remove the computer and I should consult with a superior and Town Counsel. I advised Mr. Goldhammer I would forward the suggestion. Mr. Goldhammer stated he did not want "to make a stink" but the computer must be returned. I advised him the computer was removed with the consent of the owner, Linda Curley, and that her ownership was confirmed through a phone conversation with James Curley.

I spoke with Captain Brower. He advised me to be guided by the District Attorney's advice. I again spoke with ADA Garbett. She reaffirmed her decision to keep the computer pending an investigation. She stated, "I even checked with my boss and she is okay with it."

|  |  |  |   |  |  |  |                             |  |
|--|--|--|---|--|--|--|-----------------------------|--|
| <b>10. Inquiries (Check all that apply)</b><br><input type="checkbox"/> DMV <input type="checkbox"/> Want Warrant <input type="checkbox"/> Scofflaw<br><input type="checkbox"/> Crim. History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other  |  |  | <b>11. NYSPIN Message No.</b>           |  | <b>12.</b> <i>Linda Curley</i>                   |  | <b>82.</b> <i>1</i><br>Page |  |
| <b>12. Reporting Officer Signature (Include Rank)</b><br>Sgt. Lancia <i>[Signature]</i>  |  |  | <b>14. ID No.</b><br>425                |  | <b>15. Supervisor's Signature (Include Rank)</b> |  | <b>16. ID No.</b>           |  |
| <b>17. Case Status</b> <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed (If closed, check box below)<br><input type="checkbox"/> Vict. Not Coop. <input type="checkbox"/> Arrest <input type="checkbox"/> Pros. Declined <input type="checkbox"/> Warrant Advised<br><input type="checkbox"/> CBI <input type="checkbox"/> Juv.-No Custody <input type="checkbox"/> Offender Dead <input type="checkbox"/> Extrad. Declin <input type="checkbox"/> Unknown |  |  | <b>19. Status Date</b><br><i>3/4/16</i> |  | <b>18. Notified/TOT</b>                          |  |                             |  |

|                        |  |                           |  |                                     |  |               |                     |            |  |
|------------------------|--|---------------------------|--|-------------------------------------|--|---------------|---------------------|------------|--|
| Town of Ramapo Police  |  | 2/AI                      |  | Supplemental Incident No.           |  | To: 06-34224  |                     | Arrest No. |  |
| Case 7:08-cr-00404-SCR |  | Document 17-6             |  | Filed 11/06/2008                    |  | Page 32 of 51 |                     |            |  |
| 5. Date<br>8/4/06      |  | 6. Time of Report<br>1945 |  | 7. Complainant Name<br>Linda Curley |  |               | 8. Domestic Dispute |            |  |

Linda Curley came in to the station to sign some paperwork. While at the station I inquired about her accusations of James Curley using her credit card account. She stated it was a SEARS account, but she still did not have much information. I assisted her with obtaining pertinent information.

I phoned SEARS' credit security office and spoke with Amanda (no last name given) operator ID #LCU1154. She advised me that the SEARS account is exclusively in Linda Curley's name. The account has always been in Linda's name, but James Curley had been an authorized user up until July 21, 2006. On July 23<sup>rd</sup> Linda closed the account and opened a new account exclusively in her name. On July 28<sup>th</sup> a product protection plan was purchased using her new account. The amount was \$374.95. Amanda was unable to determine if this purchase was made on-line or in a SEARS store. The computer system was not clear, but there appeared to be a store receipt from the Nanuet store. Linda Curley advised she did not make any purchases. She did cancel this transaction.

Since the transaction appears to have been made in Clarkstown I have referred Mrs. Curley to Clarkstown PD. I have returned the Dell Dimension 8400 computer and advised her to present it to Clarkstown PD as possible evidence, or to retain it herself.

Linda Curley has signed the property receipt.

|  |  |  |  |   |  |                  |  |
|--|--|--|--|---|--|------------------|--|
| 10. Inquiries (Check all that apply)<br><input type="checkbox"/> DMV<br><input type="checkbox"/> Crim. History<br><input type="checkbox"/> Want Warrant<br><input type="checkbox"/> Stolen Property<br><input type="checkbox"/> Scofflaw<br><input type="checkbox"/> Other                 |  | 11. NYSPIN Message No.   |  | 12. <i>Linda Curley</i>   |  | 82.              |  |
| 12. Reporting Officer Signature (Include Rank)<br><i>[Signature]</i>   |  | 14. ID No.<br><i>425</i>   |  | 15. Supervisor's Signature (Include Rank)<br><i>[Signature]</i> |  | 16. ID No.       |  |
| 17. Case Status<br><input type="checkbox"/> Vld. Refused to Coop.<br><input type="checkbox"/> CBI<br><input type="checkbox"/> Open<br><input checked="" type="checkbox"/> Closed (if closed, check box below)<br><input type="checkbox"/> Arrest<br><input type="checkbox"/> Offender Dead |  | <input type="checkbox"/> Pros. Declined<br><input type="checkbox"/> Extrad. Declin<br><input type="checkbox"/> Warrant Advised<br><input type="checkbox"/> Unknown |  | 19. Status Date<br><i>8/4/06</i>                                |  | 19. Notified/TOT |  |





Linda Curley has signed this report, the new property receipt, and noted on a copy of the original receipt, dated 8/3/6, that it has been replaced by the receipt dated 8/4/6.

DCJS-3208 (1/92)

TOWN OF RAMAPO POLICE DEPARTMENT

237 Route 59  
Suffern, NY 10901

PROPERTY RECEIPT

CASE NUMBER 06-34224

DATE 8/3/06

TIME 1820

PROPERTY LISTED: 1 Dell Tower  
1 power cord

Property receipt replaced  
by receipt dated 8/4/06  
[Signature]  
Linda Culey

THE ABOVE LISTED PROPERTY HAS BEEN SECURED BY THE TOWN OF RAMAPO POLICE DEPARTMENT:

PROPERTY RECEIVED FROM:

[Signature]  
NAME/SIGNATURE

[Signature]  
OFFICER'S NAME/SIGNATURE

8/3/06  
DATE

425  
SHIELD #

8/3/06  
DATE

\*\*PROPERTY RETURNED TO

I HAVE RECEIVED THE PROPERTY IDENTIFIED ABOVE

SIGNATURE

DATE

TIME

OFFICER'S SIGNATURE

SHIELD #

DATE

\*\*Provide Copies Of This Receipt To Property Owner  
TORPD Form 37 (Rev. 12/97)

000135

TOWN OF RAMAPO POLICE DEPARTMENT

237 Route 59  
Suffern, NY 10901

PROPERTY RECEIPT

CASE NUMBER 06-34224

DATE 8/4/06

TIME 1902

PROPERTY LISTED: 1 Dell Dimension 8400 serial #FZ4ML61  
1 power cord

THE ABOVE LISTED PROPERTY HAS BEEN SECURED BY THE TOWN OF RAMAPO POLICE DEPARTMENT:

PROPERTY RECEIVED FROM:

Linda Curley  
NAME/SIGNATURE

*Linda Curley*

8/4/06  
DATE

OFFICER'S NAME/SIGNATURE

*S. Kall*

425  
SHIELD #

8/4/06  
DATE

\*\*PROPERTY RETURNED TO

I HAVE RECEIVED THE PROPERTY IDENTIFIED ABOVE

SIGNATURE

OFFICER'S SIGNATURE

*Linda Curley*

8/4/06  
DATE

425  
SHIELD #

2010  
TIME

8/4/06  
DATE

\*\*Provide Copies Of This Receipt To Property Owner  
TORPD Form 37 (Rev. 12/97)

000136 13

Town of Ramapo  
237 Route 59 Suffern, NY 10901  
phone: (845) 357-5100  
fax: (845) 357-8513

TOWN OF RAMAPO  
POLICE DEPARTMENT

2006 NOV 16 P 12:46

APPLICATION FOR PUBLIC ACCESS TO TOWN RECORDS

Records Access Officer: Christian G. Sampson, Town Clerk  
TOWN RECORDS ARE OPEN FOR INSPECTION MONDAY - FRIDAY 9AM TO 5PM.

I HEREBY APPLY TO INSPECT THE FOLLOWING TOWN RECORD(S):

All Reports made by Linda Curley to Ramapo Police Dept.  
from July to present. Some Dates included 8/9/06 8/14/06 8/24/06 & 11/2, 3/06 + more

James Curley  
(PRINT) Name of Person  
14 Madison Hill Rd  
Address  
Suffern N.Y. 10901  
City/State/Zip

James Curley  
Signature  
845-553-0760  
Daytime Phone  
11/16/06  
Date of Request

2006 NOV 16 PM 12:33  
TOWN OF RAMAPO  
TOWN CLERK'S OFFICE

Date Called \_\_\_\_\_ Comments \_\_\_\_\_

THERE IS A CHARGE OF \$.25 PER COPIED PAGE allowed by law.

FOR TOWN USE ONLY

( ) Request Approved ( ) No Charge for Record ( ) Charge

( ) Request Denied for the Reason(s) Below:

- ( ) Confidential Disclosure Certification Fee: ( )  
( ) Part of Investigatory Files Photocopy Fee: ( )  
( ) Unwarranted Invasion of Personal Privacy  
( ) Record Not Located Total to be paid: ( )  
( ) Record Not Maintained by this Agency  
( ) Would impair contract awards/collective bargaining agreements  
( ) Trade secret, confidential commercial information  
( ) Law enforcement records  
( ) Exempted by Statute other than the Freedom of Information Act  
( ) Other (Specify) \_\_\_\_\_

Signature of Town Rep. \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

NOTICE: Any person denied access to records may appeal the denial within 30 days of the denial. Such appeals should be addressed to the Supervisor of the Town of Ramapo, 237 Route 59, Suffern, NY 10901.

I HEREBY APPEAL:

Signature : \_\_\_\_\_

Date: \_\_\_\_\_

CTA 11-17-2006

000137

# Town of Ramapo Police Department

## Photograph Log

Date 8/3/06 Incident # 06-34224 Weather 1/cldy Location 14 Madison Hill Rd  
 Officer ROBERTS Shield # 412 Signature P.O. John Roberts

Camera Used: (circle one) Digital 35mm Polaroid

All photos are to be logged on this sheet in numerical order. This includes unintentionally shot photos as well as multiple photos of the same subject.

| # | Time Taken | Description of Photograph | Flash Y/N | Notes |
|---|------------|---------------------------|-----------|-------|
| 1 | 2130       | SOILED CRIB SHEETS        | Y         |       |
| 2 | "          | "                         | Y         |       |
| 3 | "          | "                         | Y         |       |
| 4 |            |                           |           |       |
| 5 |            |                           |           |       |
| 6 |            |                           |           |       |
| 7 |            |                           |           |       |
| 8 |            |                           |           |       |

NOTE- INDICATE PHOTO # AND CASE # ON EACH INDIVIDUAL PHOTOGRAPH

000138





# Town of Ramapo Police Department

## Photograph Log

Date 8/3/06 Incident # 06-34224 Weather cldy Location 237 Rte 59 Suffern, NY  
 Officer Sgt. Lancia Shield # 445 Signature [Signature] # 445

Camera Used: (circle one) Digital 35mm Polaroid

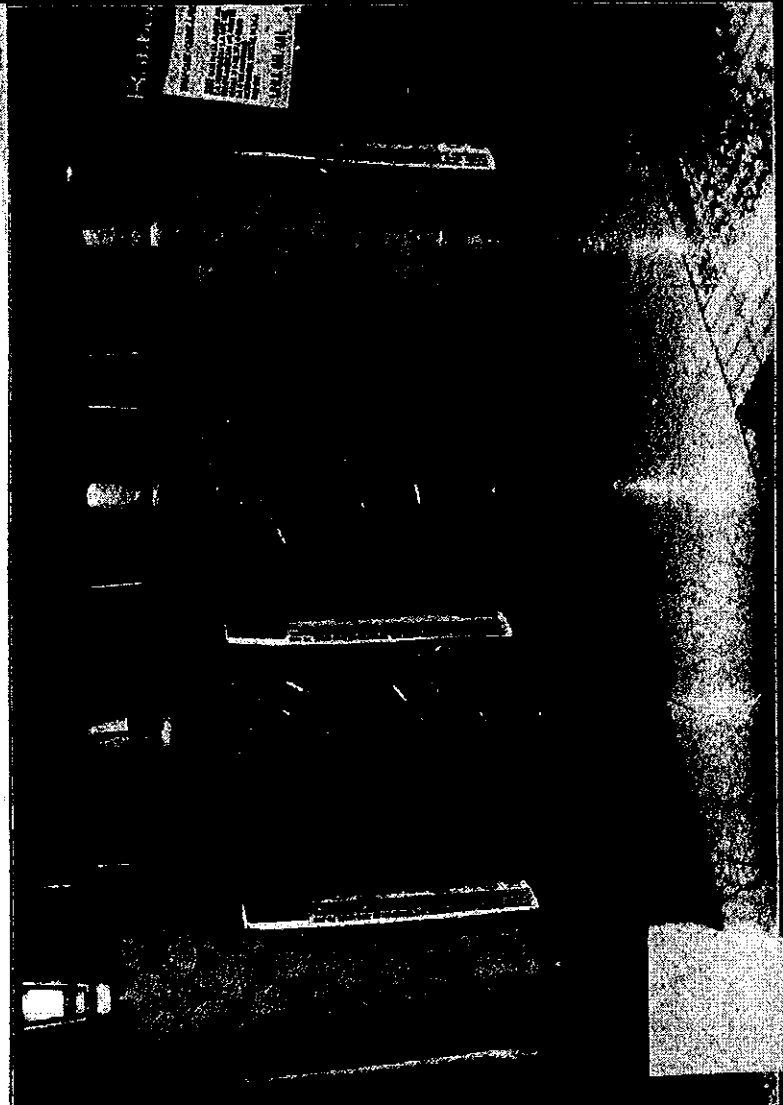
All photos are to be logged on this sheet in numerical order. This includes unintentionally shot photos as well as multiple photos of the same subject.

| # | Time Taken | Description of Photograph   | Flash Y/N | Notes |
|---|------------|---|-----------|-------|
| 1 | 2221       | Various medications as listed<br>on property receipt dated 8/3/06 | Y         |       |
| 2 | 2221       | Same as photo #1  | Y         |       |
| 3 | 2222       | prescription label (oxycontin)                                    | Y         |       |
| 4 | 2222       | 2 bottles oxy<br>2 bottles oxycontin                              | Y         |       |
| 5 |            |   |           |       |
| 6 |            |   |           |       |
| 7 |            |   |           |       |
| 8 |            |   |           |       |

NOTE- INDICATE PHOTO # AND CASE # ON EACH INDIVIDUAL PHOTOGRAPH



1758 16  
URLEY, JAM  
MADISON HILL  
AKE ONE TA  
2 HOURS AS  
AIN.





SECTION 1: 06-34224 8/3/6 Lancia 721  
CASE NO. DATE SUBMITTED OFFICER SHIELD RECORD #

SECTION 2: NATURE OF SUBMISSION:  
PROPERTY IS: RECOVERED ☒ EVIDENCE OTHER:  
USED IN CRIME? ☒ YES NO FELONY? YES ☒ NO

SECTION 3: PROPERTY DESCRIPTION  
TAG #: \_\_\_\_\_ P CODE: 13 INV CODE: 6 SER #: \_\_\_\_\_  
OWNER APPLIED #: LINDA CUREY BRAND: DELL TYPE: 84ca  
MODEL: \_\_\_\_\_ MISC DESC: COMPUTER + POWER CORD  
BIKE CODE: \_\_\_\_\_ COLOR: \_\_\_\_\_ SIZE: \_\_\_\_\_ VALUE: \_\_\_\_\_

SECTION 4: DRUGS: \_\_\_\_\_ DRUG SOURCE: \_\_\_\_\_ DRUG TYPE: \_\_\_\_\_  
QUANTITY: \_\_\_\_\_ DRUG MEASUREMENT: \_\_\_\_\_  
LOCATION CODE: (Completed by Evidence Custodian) Unit: \_\_\_\_\_ Shelf: \_\_\_\_\_ Purge: \_\_\_\_\_

Town of Ramapo Police Department  
PROPERTY ROOM RECORD

PG \_\_\_\_\_ Line \_\_\_\_\_

SECTION 1: 06-34224 8/3/6 Lancia 425  
CASE NO. DATE SUBMITTED OFFICER SHIELD RECORD #

SECTION 2: NATURE OF SUBMISSION:  
PROPERTY IS: RECOVERED EVIDENCE ☒ OTHER: Safe Keeping  
USED IN CRIME? YES ☒ NO FELONY? YES ☒ NO

SECTION 3: PROPERTY DESCRIPTION  
TAG #: \_\_\_\_\_ P CODE: 26 INV CODE: 80 SER #: \_\_\_\_\_  
OWNER APPLIED #: Linda Curey BRAND: \_\_\_\_\_ TYPE: \_\_\_\_\_  
MODEL: \_\_\_\_\_ MISC DESC: Various Medications  
BIKE CODE: \_\_\_\_\_ COLOR: \_\_\_\_\_ SIZE: \_\_\_\_\_ VALUE: \_\_\_\_\_

SECTION 4: DRUGS: \_\_\_\_\_ DRUG SOURCE: \_\_\_\_\_ DRUG TYPE: \_\_\_\_\_  
QUANTITY: \_\_\_\_\_ DRUG MEASUREMENT: \_\_\_\_\_  
LOCATION CODE: (Completed by Evidence Custodian) Unit: \_\_\_\_\_ Shelf: \_\_\_\_\_ Purge: \_\_\_\_\_

|  |                          |   |  |  |   |
|--|--------------------------|---|--|--|---|
| T. RAMA<br>NY 04353  |                          | DOMESTIC INCIDENT REPORT<br>(PRINT UPPER CASE)  |  | 00-35049   |   |
| Date of Report<br>08/08/06   | File # of Report<br>2110 | Date of Incident<br>08/08/06  | File # of Incident<br>2110   | 14 MADISON HILL RD<br>ARLINGTON NY 10901   | Page 44 of 45   |
| Compl./Victim's Last Name, First, M.I.<br>CURLEY LINDA   |                          |   | Address<br>14 MADISON HILL RD ARLINGTON NY 10901   |  | Sex<br>F  |
| Date of Birth<br>07/23/69  | Age<br>38                | Home Telephone<br>360-8041  | Race<br><input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other<br><input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk                         | Ethnic Origin<br><input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown |   |
| Suspect/Other Party Last Name, First, M.I.<br>CURLEY JAMES   |                          |   | Address<br>14 MADISON HILL RD, ARLINGTON NY 10901  |  | Sex<br>M  |
| Date of Birth<br>07/20/64  | Age<br>41                | Home Telephone<br>360-8041  | Race<br><input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other<br><input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk                         | Ethnic Origin<br><input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown |   |
| Suspect Relationship to the Complainant/Victim<br>HUSBAND WIFE   |                          | Suspect Present?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO     | Offense/Incident Involved:<br><input type="checkbox"/> Fel <input type="checkbox"/> Misd <input type="checkbox"/> Viol <input checked="" type="checkbox"/> Other   |  | Description (Offenses)<br>DISPUTE   |
| Order of Protection? Violated?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  | Issuing Court<br>FAMILY  | OP Registry Checked?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | Expir. Date  | Complaint Report Prepared?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                    | Compl. No.  |
| Suspect Used/Threatened Weapons? Type:<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |                          | Victim Injured?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO      | Describe   |  | Aided No.   |
| Photos Taken?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |                          | Arrest Made?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO         | Non Arrest Reason<br><input checked="" type="checkbox"/> No Offense Committed <input type="checkbox"/> Not at Scene <input type="checkbox"/> Warrant Requested <input type="checkbox"/> Other  |  | If Arrest Made, Did Perp. Resist?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| Charge(s) (List All)<br>NONE   |                          |   |  |  | Arrest No.  |
| Family/Household Members Present? If YES, Last Name, First<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO COVATNEY CURLEY<br>JAMES CURLEY  |                          |   | Date of Birth<br>04/07/02  | Relationship<br>SON  |   |
| Domestic Incident Report Receipt Issued? If NO, Reason:<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WAITING SUPERVISOR APPROVAL   |                          |   | DV Notice Issued to Victim<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  | Date<br>08/08/06   |   |
| Suspect's Actions:<br><input type="checkbox"/> Biting <input type="checkbox"/> Choking <input type="checkbox"/> Destroying Property <input type="checkbox"/> Forceful Restraint <input type="checkbox"/> Grabbing <input type="checkbox"/> Hair Pulling <input type="checkbox"/> Homicide <input type="checkbox"/> Injury to Child <input type="checkbox"/> Kicking<br><input type="checkbox"/> Pulling Phones From Wall <input type="checkbox"/> Punching <input type="checkbox"/> Pushing <input type="checkbox"/> Pushing/Slamming Into Walls <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Slapping <input type="checkbox"/> Threats With Weapon(s) <input type="checkbox"/> Throwing Items<br><input type="checkbox"/> Using Weapon(s) <input type="checkbox"/> Verbal Abuse <input checked="" type="checkbox"/> Other: VERBAL DISPUTE |                          |   |  |  |   |
| Narrative of the Incident: (Include results of investigation and basis for action taken)<br>COMPLAINANT STATES SHE TOLD HER HUSBAND MR CURLEY THAT SHE WANTED TO CHANGE THE DIAPERS, JAMES, DIAPER AND BATH HIM. MS CURLEY STATES THAT MR CURLEY GOT IRRITATED AND SAID "OH HE NEEDS A BATH" AND WALKED AWAY. MS CURLEY EXPLAINS THAT HER SON HAS A SEVERE DIAPER RASH AND NEEDS CARE AND SHE BELIEVES MR CURLEY IS NOT CARING FOR THE CHILD PROPERLY. A NAK WAS CALLED TO EVALUATE THE RASH AND IT WAS DETERMINED THAT THE RASH WAS NOT A MEDICAL EMERGENCY. MR & MS CURLEY AGREED TO REMAIN IN THE RESIDENCE WITH THE CHILDREN AND WILL CONSULT WITH THEIR DIVORCE LAWYERS IN THE MORNING. THE CURLEYS ARE DUE   |                          |   |  |  |   |
| Victim's Statement of Allegations:<br>* Jim was outside on the lawn pacing @ 9pm with baby James screaming for 10 min. I went outside and asked him "Jimmy the baby needs a diaper change and a bath give him to me to take care of him" He raised his voice + his fist and said oh he needs a bath. Walking away then. I said Jimmy he needs to be cared for or Jim calling 911 afraid he would hurt the baby @ that time. The police came  |                          |   |  |  |   |
| False Statements made herein are punishable as a Class A Misdemeanor, pursuant to Section 210.45 of the Penal Law.   |                          |   | Victim's Signature<br>Linda Curley   |  |   |
| Other Involved Agency(s)   |                          |   |  |  |   |
| Is There Reasonable Cause to Suspect A Child May Be The Victim of Abuse, Neglect or Maltreatment?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |                          |   | Any Guns In The House? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>Household Member Have a Pistol Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Permit No. _____ Issuing County _____ |  |   |
| If Yes, Reporting Officer Must Contact the NYS Child Abuse Hotline Registry # 1-800-635-1522   |                          |   | Any Guns Seized? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>Permit Seized? <input type="checkbox"/> YES <input type="checkbox"/> NO  |  |   |
| REFERRALS: <input checked="" type="checkbox"/> Child Protective Services <input type="checkbox"/> Licensing Bureau <input type="checkbox"/> Adult Protective Services<br><input type="checkbox"/> Domestic Violence Services <input type="checkbox"/> Other Outside Agency   |                          |   | Name of Person Notified: PETA SANNARIN<br>Date: 08/08/06 Time: 0005 Notified By: PO Smith  |  |   |
| Reporting Officer's Signature (Include Rank)<br>PO Smith   |                          |   | Officer I.D. No.<br>455  |  | Date<br>08/08/06  |
| Supervisor's Signature (Include Rank)<br>304   |                          |   | Date<br>08/08/06   |  | Page<br>92  |

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|  |  |   |  |   |  |   |  |  |  |   |  |   |  |
|--|--|---|--|---|--|---|--|--|--|---|--|---|--|
| Date of Report<br><b>08/08/06</b>  |  | Date of Incident<br><b>08/08/06</b>   |  | Time of Incident<br><b>2110</b>   |  | Location<br><b>14 MADISON HILL RD, ARDMONT NY 10401</b>   |  | Page No.<br><b>02</b>  |  | Sector<br><b>02</b>   |  | Beat<br><b>-</b>  |  |
| Compl./Victim's Last Name, First, M.I.<br><b>CURLEY, JAMES</b>   |  |   |  |   |  | Address<br><b>14 MADISON HILL RD ARDMONT NY</b>   |  |  |  |   |  | Sex<br><b>M</b>   |  |
| Date of Birth<br><b>04/28/64</b>   |  | Age<br><b>41</b>  |  | Home Telephone<br><b>308-9041</b>   |  | Race<br><input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk   |  | Ethnic Origin<br><input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown |  |   |  |   |  |
| Suspect/Other Party Last Name, First, M.I.<br><b>CURLEY, LINDA</b>   |  |   |  |   |  | Address<br><b>14 MADISON HILL RD</b>  |  |  |  |   |  | Sex<br><b>F</b>   |  |
| Date of Birth<br><b>07/23/28</b>   |  | Age<br><b>38</b>  |  | Home Telephone<br><b>308-9041</b>   |  | Race<br><input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk   |  | Ethnic Origin<br><input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown |  |   |  |   |  |
| Suspect Relationship to the Complainant/Victim<br><b>WIFE</b>  |  |   |  | Suspect Present?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |  | Offense/Incident Involved:<br><input type="checkbox"/> Fel <input type="checkbox"/> Misd <input type="checkbox"/> Viol <input checked="" type="checkbox"/> Other <b>DISPUTE</b>   |  |  |  | Description (Offenses)  |  |   |  |
| Order of Protection? Violated?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |  | Issuing Court<br><b>FAMILY</b>  |  | OP Registry Checked<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |  | Expir. Date   |  | Complaint Report Prepared?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                    |  | Compl. No.  |  | Report Received<br><input type="checkbox"/> Walk-In <input checked="" type="checkbox"/> Radio Run |  |
| Suspect Used/Threatened Weapons?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  | Type:   |  | Victim Injured?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  | Describe  |  | Aided No.  |  | Removed to Hospital?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  | What Hospital?  |  |
| Photos Taken?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  | Arrest Made?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  | Non Arrest Reason<br><input checked="" type="checkbox"/> No Offense Committed <input type="checkbox"/> Not at Scene <input type="checkbox"/> Warrant Requested <input type="checkbox"/> Other |  | If Arrest Made, Old Perp. Resist?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  |  |  |   |  |   |  |
| Charge(s) (List All)<br><b>NONE</b>  |  |   |  |   |  |   |  | Arrest No.   |  |   |  |   |  |
| Family/Household Members Present? If YES, Last Name, First<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br><b>COVATNEY CURLEY</b><br><b>JAMES CURLEY</b>   |  |   |  |   |  | Date of Birth<br><b>04/01/02</b><br><b>04/02/05</b>   |  | Relationship<br><b>DAUGHTER</b><br><b>SON</b>  |  |   |  |   |  |
| Domestic Incident Report Receipt Issued? If NO, Reason:<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>AWAITING SUPERVISOR APPROVAL</b>   |  |   |  |   |  | DV Notice Issued to Victim<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |  | Date<br><b>08/08/06</b>  |  |   |  |   |  |
| Suspect's Actions: <input type="checkbox"/> Biting <input type="checkbox"/> Choking <input type="checkbox"/> Destroying Property <input type="checkbox"/> Forceful Restraint <input type="checkbox"/> Grabbing <input type="checkbox"/> Hair Pulling <input type="checkbox"/> Homicide <input type="checkbox"/> Injury to Child <input type="checkbox"/> Kicking <input type="checkbox"/> Pulling Phones From Wall <input type="checkbox"/> Punching <input type="checkbox"/> Pushing <input type="checkbox"/> Pushing/Slamming Into Walls <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Slapping <input type="checkbox"/> Threats With Weapon(s) <input type="checkbox"/> Throwing Items <input type="checkbox"/> Using Weapon(s) <input type="checkbox"/> Verbal Abuse <input checked="" type="checkbox"/> Other: <b>VERBAL DISPUTE</b> |  |   |  |   |  |   |  |  |  |   |  |   |  |
| Narrative of the Incident: (include results of investigation and basis for action taken)<br><br><b>REFER TO PO RUTLANDS #1000 SUPPLEMENT</b>   |  |   |  |   |  |   |  |  |  |   |  |   |  |
| Victim's Statement of Allegations:<br><b>I came home after going to CVS in Mahwah and Wendy Rest. in Ramsey. Came in the house and noticed that bedroom door and bathroom door were locked. I was told my daughter Courtney that it was messy. I went outside to get the babies medication when my m.c. came through the door and demanded to take my chick signs and leave. I backed up.</b>  |  |   |  |   |  |   |  |  |  |   |  |   |  |
| False Statements made herein are punishable as a Class A Misdemeanor, pursuant to Section 210.45 of the Penal Law.   |  |   |  |   |  | Victim's Signature<br><b>[Signature]</b>  |  |  |  | Date<br><b>8/8/06</b>   |  |   |  |
| Other involved Agency(s)   |  |   |  |   |  |   |  |  |  |   |  |   |  |
| Is There Reasonable Cause to Suspect A Child May Be The Victim of Abuse, Neglect or Maltreatment?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |  |   |  |   |  | Any Guns In The House? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>Household Member Have a Pistol Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No Permit Seized? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>Permit No. _____ Issuing County _____<br>Name _____ |  |  |  |   |  |   |  |
| If Yes, Reporting Officer Must Contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.  |  |   |  |   |  |   |  |  |  |   |  |   |  |
| REFERRALS: <input type="checkbox"/> Child Protective Services <input type="checkbox"/> Licensing Bureau <input type="checkbox"/> Adult Protective Services <input type="checkbox"/> Domestic Violence Services <input type="checkbox"/> Other Outside Agency   |  |   |  |   |  | Name of Person Notified:<br>Date: _____ Time: _____ Notified By: _____  |  |  |  |   |  |   |  |
| Reporting Officer's Signature (Include Rank)<br><b>[Signature]</b>   |  |   |  |   |  | Officer I.D. No.<br><b>455</b>  |  | Date<br><b>08/08/06</b>  |  | Page<br><b>01</b>   |  |   |  |
| Supervisor's Signature (Include Rank)<br><b>[Signature]</b>  |  |   |  |   |  | Date<br><b>08/08/06</b>   |  |  |  | Page<br><b>02</b>   |  |   |  |

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|-------------------|---------------------------|--------------------------------------|----------------|
| 5. Date<br>1/8/06 | 6. Time of Report<br>2110 | 7. Complainant Name<br>Curley, James | 8.<br>Domestic |
|-------------------|---------------------------|--------------------------------------|----------------|

On 08/08/06 at about 2110HRS. I responded to the Curley residence at 14 Madison Hill Rd. in Airmont in response to a reported domestic dispute. I arrived on the scene with PO Smith. Upon arrival I was met in the front yard by James Curley. James Curley stated that he is currently going through a divorce proceeding with his wife, Linda Curley, and that he has custody of his son, James Jr., as well as their other child, Courtney Curley. James Curley stated that Linda Curley has court ordered visitation on the weekends. James further stated that Linda Curley had been living on Meadowbrook Lane in Suffern for the past few weeks.

PO Rutland arrived on the scene.

James Curley's brother, Michael Curley, arrived on the scene. Michael Curley remained outside the residence. He left the scene before PO Smith, PO Rutland, and I left.

I spoke with Linda Curley. She stated that she wanted to give James Jr. a bath. She further stated that James Jr. had diaper rash which resulted in the skin on his buttocks bleeding. Both James and Linda Curley agreed to allow Emergency Medical Service Personnel to examine the child. Ramapo Valley Ambulance arrived. The EMS personnel stated that it was diaper rash but that it was not a medical emergency.

I was advised by both James and Linda that there were no guns in the house.

I read the Order of Protection that James Curley had against Linda Curley. There were no violations. I read the Order of Protection that Linda Curley had against James Curley. There were no violations.

James Curley and Linda Curley agreed to both spend the night at 14 Madison Hill Rd. with the two children. James agreed to allow Linda to bathe James Jr. Both James and Linda stated that they would contact their respective attorneys in the morning.

I briefed Lt. Bakker (O.I.C.) via telephone from the scene.

When I returned to Police Headquarters I again briefed Lt. Bakker. I then briefed Lt. Cokeley ( Staff Duty Officer) via telephone.

I advised the on-coming midnight shift O.I.C., Sgt. Matos, of this incident.

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| 10. Inquiries (Check all that apply)<br><input type="checkbox"/> DMV <input type="checkbox"/> Want Warrant <input type="checkbox"/> Scofflaw<br><input type="checkbox"/> Crim. History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other   |  |  | 11. NYSPIN Message No.    | 12.                                       | 82.              |
| 12. Reporting Officer Signature (Include Rank)<br>Sgt. Brian Corbett <i>PC</i>   |  |  | 14. ID No.<br>324         | 15. Supervisor's Signature (Include Rank) | 16. ID No.       |
| 17 Case Status <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed (If closed, check box below) <input type="checkbox"/> Unfounded<br><input type="checkbox"/> Vict. Refused to Coop. <input type="checkbox"/> Arrest <input type="checkbox"/> Pros. Declined <input type="checkbox"/> Warrant Advised<br><input type="checkbox"/> CBI <input type="checkbox"/> Juv.-No Custody <input type="checkbox"/> Offender Dead <input type="checkbox"/> Extrad. Declin <input type="checkbox"/> Unknown |  |  | 19. Status Date<br>8/8/06 | 19. Notified/TOT                          | Page<br>of Pages |

REPORT OF SUSPECTED  
CHILD ABUSE OR MALTREATMENTTime AM/PM Local Case # Local Dist/Agency  
9:00 00835029 Ramapo Police

## SUBJECTS OF REPORT

| Line # | Last Name | First Name | Aliases | Sex<br>(M, F, Unk) | Birthday or Age<br>Mo/Day/ Yr | Ethnic<br>Code | Relation<br>Code | Role | Lang. |
|--------|-----------|------------|---------|--------------------|-------------------------------|----------------|------------------|------|-------|
| 1.     | CURLEY    | COURTNEY   |         | F                  | 04/07/02                      |                |                  |      |       |
| 2.     | CURLEY    | JAMES      |         | M                  | 08/22/05                      |                |                  |      |       |
| 3.     |           |            |         |                    |                               |                |                  |      |       |
| 4.     |           |            |         |                    |                               |                |                  |      |       |
| 5.     |           |            |         |                    |                               |                |                  |      |       |
| 6.     |           |            |         |                    |                               |                |                  |      |       |
| 7.     |           |            |         |                    |                               |                |                  |      |       |

☐ MORE

List Addresses and Telephone Numbers (Using Line Numbers From Above)

|  |                                     |
|--|-------------------------------------|
| 1. 14 MADISON HILL RD AIRMONT NY 10901 | Telephone No.<br>(914) - 368 - 0041 |
| 2. 14 MADISON HILL RD AIRMONT NY 10901 | (914) - 368 - 0041                  |
|  | ( ) - -                             |

## BASIS OF SUSPICIONS

Alleged suspicions of abuse or maltreatment. Give child(ren)'s line number(s). If all children, write "ALL".

|   |   |   |
|---|---|---|
| <input type="checkbox"/> DOA/Fatality   | <input type="checkbox"/> Child's Drug/Alcohol Use                       | <input type="checkbox"/> Swelling/Dislocation/Sprains     |
| <input type="checkbox"/> Fractures  | <input type="checkbox"/> Poisoning/Noxious Substances                   | <input type="checkbox"/> Educational Neglect              |
| <input type="checkbox"/> Internal Injuries (i.e. Subdural Hematoma)                   | <input type="checkbox"/> Choking/Twisting/Shaking                       | <input type="checkbox"/> Emotional Neglect                |
| <input type="checkbox"/> Lacerations/Bruises/Welts                                    | <input type="checkbox"/> Lack of Medical Care                           | <input type="checkbox"/> Inadequate Food/Clothing/Shelter |
| <input type="checkbox"/> Burns/Scalding   | <input type="checkbox"/> Malnutrition/Failure to Thrive                 | <input type="checkbox"/> Lack of Supervision              |
| <input type="checkbox"/> Excessive Corporal Punishment                                | <input type="checkbox"/> Sexual Abuse                                   | <input type="checkbox"/> Abandonment                      |
| <input type="checkbox"/> Inappropriate Isolation/Restraint (Institutional Abuse Only) | <input type="checkbox"/> Inadequate Guardianship                        | <input type="checkbox"/> Parent's Drug/Alcohol Misuse     |
| <input type="checkbox"/> Inappropriate Custodial Conduct (Institutional Abuse Only)   | <input checked="" type="checkbox"/> Other specify: X SEVERE DIAPER RASH |   |

State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem.

(If known, give time/date of alleged incident)

WITNESSED SEVERE RASH ON CHILD

MO

DAY

YR

The Mandated Reporter Requests Finding of Investigation ☐ YES ☐ NO

CONFIDENTIAL

SOURCE(S) OF REPORT

CONFIDENTIAL

|  |                             |                    |                      |
|--|-----------------------------|--------------------|----------------------|
| NAME<br>SMITH, RAYMOND                           | TELEPHONE<br>(914) 357-2400 | NAME               | TELEPHONE<br>( ) - - |
| ADDRESS<br>237 Rt 59 Suffern NY 10901            |                             | ADDRESS            |                      |
| AGENCY/INSTITUTION<br>TOWN OF RAMAPO POLICE DEPT |                             | AGENCY/INSTITUTION |                      |

RELATIONSHIP (✓ = REPORTER, X = SOURCE)

☐ Med. Exam/Coroner ☐ Physician ☐ Hosp. Staff ☒ Law Enforcement ☐ Neighbor ☐ Relative ☐ Instit. Staff  
☐ Social Services ☐ Public Health ☐ Mental Health ☐ School Staff ☐ Other Specify)

|                                  |  |   |               |
|----------------------------------|--|---|---------------|
| For Use By<br>Physicians<br>Only | Medical Diagnosis on Child   | Signature of Physician who examined/treated child | Telephone No. |
|                                  | Hospitalization Required: <input type="checkbox"/> None <input type="checkbox"/> Under 1 week <input type="checkbox"/> 1-2 weeks <input type="checkbox"/> Over 2 weeks | X   | ( ) - -       |

Actions Taken Or About To Be Taken: ☐ Medical Exam ☐ X-Ray ☐ Removal/Keeping ☐ Not. Med Exam/Coroner  
☐ Photographs ☐ Hospitalization ☐ Returning Home ☐ Notified DA

Signature of Person Making This Report

Title

Date Submitted

Police Officer

04/07/02

000149

Town of Ramapo  
237 Route 59 Suffern, NY 10901  
phone: (845) 357-5100  
fax: (845) 357-8513

TOWN OF RAMAPO  
POLICE DEPARTMENT

2006 NOV 16 P 12:46

APPLICATION FOR PUBLIC ACCESS TO TOWN RECORDS

Records Access Officer: Christian G. Sampson, Town Clerk  
TOWN RECORDS ARE OPEN FOR INSPECTION MONDAY - FRIDAY 9AM TO 5PM.

I HEREBY APPLY TO INSPECT THE FOLLOWING TOWN RECORD(S):

All reports made by Linda Curley to Ramapo All. Dept.  
from July to present. Some dates included 7/9/06 8/14/06 8/24/06 & 11/23/06 + more

James Curley  
(PRINT) Name of Person  
14 Madison Hill Rd  
Address  
Suffern N.Y. 10901  
City/State/Zip

James Curley  
Signature  
845-553-0760  
Daytime Phone  
11/16/06  
Date of Request

2006 NOV 16 PM 12:33  
TOWN OF RAMAPO  
TOWN CLERK'S OFFICE

Date Called \_\_\_\_\_ Comments \_\_\_\_\_

THERE IS A CHARGE OF \$.25 PER COPIED PAGE allowed by law.

FOR TOWN USE ONLY

- ( ) Request Approved ( ) No Charge for Record ( ) Charge
- ( ) Request Denied for the Reason(s) Below:
- ( ) Confidential Disclosure Certification Fee: (
  - ( ) Part of Investigatory Files Photocopy Fee: (
  - ( ) Unwarranted Invasion of Personal Privacy
  - ( ) Record Not Located Total to be paid: (
  - ( ) Record Not Maintained by this Agency
  - ( ) Would impair contract awards/collective bargaining agreements
  - ( ) Trade secret, confidential commercial information
  - ( ) Law enforcement records
  - ( ) Exempted by Statute other than the Freedom of Information Act
  - ( ) Other (Specify) \_\_\_\_\_

Signature of Town Rep. \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

NOTICE: Any person denied access to records may appeal the denial within 30 days of the denial. Such appeals should be addressed to the Supervisor of the Town of Ramapo, 237 Route 59, Suffern, NY 10901.

I HEREBY APPEAL:  
Signature : \_\_\_\_\_ Date: \_\_\_\_\_

CTA 11-17-2006